Name in Full Jos. Francis Buskey

Certificate of Death

Died at Town Cumb'd County Alleg MARYLAND

Date 1930 Month Jun Day 13 Age Y. 1 M. 10 D. - Native of Md Occupation none

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Jos. Buskey Mother's Name Catt. McDonald

Cause of Death Primary Meningitis How long sick 3 mks

Immediate Ex Lanstrum 61 ~~Accident, Suicide, Homicide~~

Reported by C H Brace ~~39~~

Address Cumb'd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Thomas A Cochrane — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1918 Month Jan. Day 16 | Age Y. 30 M. 10 D. 28 | Native of W. Va. | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 1

~~Wife~~ Husband of Elizabeth McIntyre Murphy

Father's Name Hector Cochrane | Mother's Name Agnes Allen

Cause of Death: Primary Acute Paraplegia — How long sick 2 hrs (3 days)

Immediate Pyaemia 52 — ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Forlin

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Unnamed Crow

Died at Town Mr. Savage County Allegany MARYLAND

Date 1900 Month Jan Day 1 | Age Y. M. D. 2 | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

118

Cause of Death

Primary Heart syncope

Immediate Prolonged labor forceps used

How long sick

Accident, Suicide, Homicide

Reported by S. E. Edward Quarles

Address Mr. Savage, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Charles Henry Dick

Certificate of Death

Died at Town Woodland County Allegany MARYLAND

Date 1908 Month 1 Day 12 Age Y. — M. 1 D. 6 Native of U.S.A. Occupation ——

Male White ~~Married~~ ~~Widowed~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife of~~

Father's Name Christian Dick Mother's Name Rebecca Dick

Cause of Death Primary La Grippe — How long sick 4 days

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by J. H. Carpenter M.D.

Address Midland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. John Gillum

Died at Town: Nation Grove County: Allegany MARYLAND

Date 19 or Month: 1 Day: 29 | Age Y. 56 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 7

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

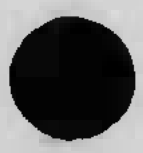
Immediate | Accident, Suicide, Homicide

Reported by Brunswick Herald 2-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78608



Name in Full Louise Gilmore

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date ~~189~~ 1900 - Month Jan Day 5 Age Y. 6 M. 6 - D. 30 Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Gilmore

Mother's Name Louise Gilmore

Cause of Death: Primary Abscess of Brain

Immediate Convulsions

How long sick 10 days

Accident, Suicide, Homicide

Reported by E B Claybrook M.D.

Address 108½ Va ave. Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William R. Gogley

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1900 Month Jany Day 11th Age Y. 23 M. 10 D. 28 Native of Penna Occupation Clerk

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel J Gogley Mother's Name Emma Gogley

Cause of Death: Primary Catarrhal [illegible] How long sick 2 weeks

Immediate Pericarditis

~~Accident, Suicide, Homicide~~

Reported by W J Craigen MD

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 67968

Name In Full Infant Gunning

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1900 Month 1 Day 11 Age Y. — M. 4 D. — Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Robert Gunning Mother's Name Mary Hagley

Cause of Death Primary Congenital defect Skull Sutures How long sick

Immediate Meningitis 137 ~~Accident, Suicide, Homicide~~

Reported by W. B. Skilling M.D.

Address Lonaconing.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Maggie Howell

Certificate of Death

Died at Town Parton County Ally MARYLAND

Date 1900 Month Jan Day 6 Age Y. 11 M. 24 D. Native of Md Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Chas. Howell Mother's Name Mary A. Eagen

Cause of Death Primary How long sick 1 week

Immediate Pneumonia Accident, Suicide, Homicide

Reported by Dr. Conroy

Address Parton Alley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65062

Name in Full Clarence Johnston — Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month Jan Day 22 Age Y. 3 M. D. Native of Cumberland Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Thos. E. Johnston Mother's Name Daisy Pickens

Cause of Death: Primary Whooping Cough — How long sick 2 weeks

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by E. B. Clay Brook M.D.

Address 108½ Va Ave Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

No name

Died at — Town: Parlou — County: Alley — MARYLAND

Date 1900 — Month: Jan — Day: 8 — Age: Y. — M. — D. 1 — Native of: Md — Occupation

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living

Husband of Wife

Father's Name: George Kyles — Mother's Name: Jeanette McIntire

Cause of Death — Primary: Premature Child — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Dr Conroy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full: Ellen Llewellyn

Certificate of Death

Died at: Town Midland County Allegany MARYLAND

Date: 1900 Month 1 Day 22 Age Y. — M. — D. 15 Native of Cement Occupation —

~~Mine~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name: D. C. Llewellyn

Mother's Name: Jennie Hamel

Cause of Death: Primary Pneumothorax Bronch — How long sick one day

Immediate Cerebral Congestion ~~Accident, Suicide, Homicide~~

Reported by: J. H. Carpenter M. D.

Address: Midland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Nama in Full Michael George McGinn

Certificate of Death

Died at Town Ocean County Allegany MARYLAND

Date 1980 Month 1 Day 11 Age Y. 15 M. 1 D. 23 Native of Maryland Occupation School boy

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

Wife

Father's Name Daniel McGinn Mother's Name Teresa McGinn

Cause of Death Primary Killed by railroad

Immediate Cause

How long sick

Accident, ~~Suicide, Homicide~~

Reported by J. A. Carpenter M.D.

Address Midland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Fannie Elizabeth Roe

Certificate of Death

Died at Town Midland County Allegany MARYLAND

Date 1910 Month 1 Day 3 | Age Y. 0 M. 8 D. — | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Wm T. Roe

Mother's Name Sarah Roe

Cause of Death: Primary Meningitis

Immediate

How long sick 1 Day

~~Accident, Suicide, Homicide~~

Reported by J. F. Cadden 39a

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full: Mrs Catharine Rowan

Certificate of Death

Died at: Town: Lonaconing County: Allegany MARYLAND

Date: 1900 Month: 1 Day: 30 | Age: Y. 73 M. — D. — | Native of: Ireland | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of: Michael Rowan

Father's Name: Brennan Mother's Name: —

Cause of Death: Primary: Bronco-Pneumonia 71 | How long sick: One week

Immediate: Peri-Carditis | ~~Accident, Suicide, Homicide~~

Reported by: W B Skilling M.D.

Address: Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full Louis Doyster

Certificate of Death

Died at Town Cumbd County Alleg MARYLAND

Date 1900 Month Jan Day 20 Age Y. 71 M. — D. — Native of Md Occupation Bricklayer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death Primary Paralysis

Immediate Exhaustion

How long sick 6 mos

~~Accident, Suicide, Homicide~~

Reported by C H Brace

Address Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65953

Name in Full

Certificate of Death

Town S-tevens County Allegany

Died at MARYLAND

Date 19 or Month 1 Day 31 Age Y. M. D. infant Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Job Stevens Mother's Maiden Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Mining Journal 2-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70999

Name In Full Elizabeth Stewart — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1920 Month Jan. Day 26 | Age Y. 76 M. 7 D. 10 | Native of U.S. | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —

Wife

Father's Name Jas. Stewart | Mother's Name Mary Swindyer

Cause of Death: Primary La Grippe 9 | How long sick Ten Days

Immediate Acute Gastritis | ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Forter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full Frank Swach

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date ~~1900~~ 1900 Month 1 Day 31 Age Y. 86 M. – D. – Native of Germany Occupation Clerk

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Clara Reiber.

Father's Name —

Mother's Name — 143

Cause of Death: Primary Fracture of Skull — How long sick 36 hours

Immediate Cerebral hemorrhage — Accident, Suicide, Homicide

Reported by W. B. Skilling M.D.

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full _____ Trimble

Certificate of Death

Died at Town Mt. Savage County Allegany MARYLAND

Date 19 07 Month 1 Day 8 Y. 1 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widowed~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name Hinfield Trimble

Mother's Maiden Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name In Full Andrew Walker

Certificate of Death

Town

County Allegany

Died at Frostburg MARYLAND

Date ~~189~~ 1900 Month 1 Day 2 | Age Y. 16 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Geo. Walker

Mother's Name 152a

Cause of Death { Primary did from injuries rec. ~~Immediate~~ from a fall

How long sick

Accident, Suicide, Homicide

Reported by Star A4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Lester G. Walters

Died at Town Cumberland County Allegany MARYLAND

Date ~~189~~ 1900 Month Jan Day 16 | Age Y. ~~5~~ M. 3 D. 16 | Native of Cumberland | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of Wife

Father's Name Guy L. Walters

Mother's Name Rose Pickens

Cause of Death: Primary Whooping Cough | How long sick 2 months

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by E. B. Clayton M.D.

Address 108½ Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Frank Rinkenstein

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 1900 Month Jany Day 27 | Age Y. 24 M. — D. — | Native of Cumberland | Occupation Ryb Finisher

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living ~~—~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Head & lower extremities | How long sick 36 hours

Immediate Shock | Accident, ~~Suicide, Homicide.~~

Reported by J. M. Spear

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968